

Adolescent-Inclusive Implementation of the **MISP**



for Reproductive Health in Humanitarian Settings

What is the MISP? In acute emergencies, emphasis is placed on life-saving interventions, such as providing water and sanitation, control of communicable diseases, treatment of injuries and ensuring proper nutrition. RH interventions also save lives and are critically important at all times, including during crises. If particular attention is not paid to RH interventions, however, they can be overlooked or delayed during an emergency situation.

The **Minimum Initial Service Package (MISP) for Reproductive Health** is a set of priority interventions that is designed to “reduce mortality, morbidity and disability among populations affected by crises, particularly women and girls.”¹⁰ The MISP contains guidelines for providing coordinated RH services during the earliest phases of an emergency (natural disaster or man-made) and guides the planning for comprehensive RH services when the situation has stabilized. Implementation of the MISP has been included in the SPHERE Handbook as a *standard of care* in disaster response.¹¹

The MISP has five objectives:

- to ensure SRH coordination;
- to prevent and manage the consequences of sexual violence;
- to prevent excess newborn and maternal morbidity and mortality;
- to reduce HIV transmission;
- to plan for the provision of comprehensive SRH services.

In addition to describing how to establish services that address each of the objectives, the MISP provides information on how to calculate SRH supply needs and procure Inter-agency Emergency RH Kits, which contain the commodities needed to provide SRH services during a humanitarian crisis.

A NOTE ON CULTURAL SENSITIVITY:

During an emergency situation, implementing agencies may be tempted to “jump in” quickly and introduce programs without taking the local cultural context into consideration. While the MISP focuses on *life-saving interventions* and must be implemented without delay, it is important to keep the cultural context in mind, especially when dealing with ASRH - a sensitive issue in some cultures.

Program managers and staff should be aware of the local beliefs and customs related to adolescent sexuality and SRH when introducing ASRH interventions. Promoting dialogue and involving the community, parents and adolescents in the planning, implementation and evaluation of ASRH programs will not only improve program quality, but will also help ensure that sensitive issues, such as GBV, FP, early pregnancy, and HIV, are addressed in ways that are culturally acceptable within the local context.

The introduction of life-saving interventions should never be delayed, but cultural sensitivity is key to community acceptance and uptake of ASRH programs and services.

How does the MISP address ASRH?

The MISP is a guideline for priority RH interventions in emergencies and does not specifically describe how to make services adolescent-inclusive. Agencies should, however, take steps to ensure that the SRH needs of adolescents are addressed during implementation of the MISP.

Each of the MISP components is described in more detail in the MISP matrix and the Fact Sheets that follow in this toolkit. The matrix and the fact sheets provide examples of how to identify and address adolescent SRH needs in the community.¹² Further information about the MISP can be found in the *Minimum Initial Service Package Distance Learning Module*, available at <http://misp.rhrc.org>.

MISP Services Matrix

The following table outlines SRH services delivered through the MISP and steps to be taken when planning for comprehensive SRH services. This table has been adapted from the table in Chapter 2 of the IAFM. The text in black is taken directly from the

table in the MISP chapter. The text in **bold orange** demonstrates interventions that can be incorporated to provide adolescent-inclusive RH services during the implementation of the MISP and while planning for comprehensive RH services.

The table is intended to help the RH Officer appointed by the Lead RH Agency and Health Cluster advocate for adolescent inclusion in RH coordination meetings and to ensure that adolescents are included in MISP interventions. In addition, the table can help program managers ensure that their program interventions - during MISP implementation and while planning for comprehensive RH services - are adolescent-inclusive.

MISP fact sheets

The fact sheets that are included in this section are meant to accompany the MISP Services Matrix. They provide more detail on the key ASRH services that should be provided to ensure adolescent-inclusive implementation of the MISP, and they provide a brief summary of ASRH considerations when planning for comprehensive RH services.

SUGGESTED READING:

1. WHO, UNFPA, UNHCR. *Inter-agency Field Manual on Reproductive Health in Humanitarian Settings*. Chapter 2, “Minimum Initial Service Package for Reproductive Health,” 2009.
2. Women’s Refugee Commission. *Minimum Initial Service Package (MISP) for Reproductive Health in Crisis Situations: a Distance Learning Module*. <http://misp.rhrc.org>.

Adolescent-inclusive MISIP services Matrix		
Subject Area	MISIP SRH Services	Planning for Comprehensive SRH Services
Family Planning (FP)	<p>Source and procure contraceptive supplies.</p> <ul style="list-style-type: none"> Although comprehensive family planning is not part of the MISIP, make contraceptives available for any demand. Health staff should be aware that adolescents requesting contraceptives have a right to receive these services, regardless of age or marital status. 	<ul style="list-style-type: none"> Provide staff training Establish comprehensive family planning programming Provide community education Ensure that a broad mix of free FP methods is available Provide community information, education and communication (IEC) directed toward adolescents Involve adolescents, parents and community leaders in development of IEC strategy for FP in the community Train staff in adolescent-friendly FP service provision Train adolescents in Community Based Distribution CBD for FP education, condom and oral contraceptive pill (OCP) distribution and referrals to health centers. Promote the use of dual protection (prevention of pregnancy and prevention of STIs, including HIV)
Gender-Based Violence (GBV)	<ul style="list-style-type: none"> Coordinate and ensure health sector prevention of sexual violence Provide clinical care for survivors of sexual violence Provide adolescent-friendly care for survivors of sexual violence at health facilities With the Protection Cluster and GBV sub-Cluster, identify a multi-sectoral referral network for young survivors of GBV Encourage adolescent participation in any multi-sectoral GBV prevention task force Through adolescents, raise awareness in community about the problem of sexual violence, strategies for prevention, and care available for survivors Engage traditional birth attendants (TBAs) and community health workers (CHWs) to link young survivors of sexual violence to health services 	<ul style="list-style-type: none"> Expand medical, psychological, social and legal care for survivors Prevent and address other forms of GBV, including domestic violence, forced/early marriage, female genital cutting, trafficking, etc. Provide community education Involve adolescent leaders, parents and community leaders in the development of strategies to prevent GBV in the community Involve youth in community education on prevention of GBV Raise awareness in community about the problem of GBV, strategies for prevention, and help available for survivors Sensitize uniformed men about GBV and its consequences Establish peer support groups

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Adolescent-inclusive MISP services Matrix		
Subject Area	MISP SRH Services	Planning for Comprehensive SRH Services
Maternal and Newborn Care	<ul style="list-style-type: none"> Establish 24/7 referral system for obstetric emergencies Provide midwife delivery supplies, including newborn resuscitation supplies Provide clean delivery packages Provide adolescent-friendly services at health facilities Coordinate with the Health Cluster and other sectors to identify pregnant adolescents in the community and link them to health services Engage TBAs and CHWs to link young mothers to health services Encourage facility-based delivery for all adolescent mothers 	<ul style="list-style-type: none"> Provide antenatal care Provide postnatal care Train skilled attendants (midwives, nurses and doctors) in performing Emergency Obstetric and Newborn Care (EmONC) Access to basic EmONC and comprehensive EmONC increased Raise community awareness about the risks of early motherhood and the importance of skilled attendant (facility) delivery Integrate mental health and psychosocial support services for adolescent mothers
STIs, Including HIV Prevention and Treatment	<ul style="list-style-type: none"> Provide access to free condoms Ensure adherence to standard precautions Assure safe and rational blood transfusions <i>Although comprehensive STI programming is not part of the MISP, it is important to make syndromic treatment available for clients presenting for care as part of routine clinical services</i> <i>Although providing anti-retroviral therapy (ART) continuation is not part of the MISP, it is important to make treatment available for patients already taking anti-retrovirals (ARVs) including for prevention of mother-to-child transmission (PMTCT) as soon as possible.</i> Provide discreet access to free condoms at adolescent-oriented distribution points Ensure that adolescent-friendly health services are available for adolescents presenting to facilities with symptoms of STI 	<ul style="list-style-type: none"> Establish comprehensive STI prevention and treatment services, including STI surveillance systems Collaborate in establishing comprehensive HIV services as appropriate Provide care, support and treatment for people living with HIV Raise awareness of prevention, care and treatment services for STIs, including HIV Raise awareness of prevention and treatment services for STIs/HIV among adolescents Train staff to provide adolescent-friendly STI and HIV-related services Train adolescents in CBD for distribution of condoms, to provide education on STI/HIV prevention and testing and treatment services available and to provide referrals for services Establish programs, including peer education, to adolescents most-at-risk for acquiring and transmitting HIV